

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

17CV 6375

CAISY FRANK

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Prisoner Transportation Service of
America (PTS); NOEL BRASFIELD

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

CAISY FRANK

ID #

14A 4584

Current Institution

FRANKLIN CORRECTIONAL FACILITY

Address

62 BARE HILL ROAD, P.O. BOX 10

MALONE, NEW YORK 12953

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name PRISONER TRANSPORTATION SERVICES of AMERICA Shield # _____
 Where Currently Employed P.T.S. OF AMERICA
 Address 1854 AIR LANE DRIVE # 20
NASHVILLE, TENNESSEE 37201

Defendant No. 2 Name NOEL BRASFIELD Shield # N/A
 Where Currently Employed P.T.S. OF AMERICA
 Address 1854 AIR LANE DRIVE # 20
NASHVILLE, TENNESSEE 37201

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? A van operated by agents of PRISONER TRANSPORTATION SERVICES of AMERICA

B. Where in the institution did the events giving rise to your claim(s) occur? The back/holding area of van

C. What date and approximate time did the events giving rise to your claim(s) occur? Between 12 A.M. SAT. MARCH 18TH - 4³⁰ AM Thurs. MARCH 23RD 2017

D. Facts: I was handcuffed & shackled in the back of a van over the course of 6 days with 2 nights spent at 2 different county jails in between. I was transported in conditions that compare to in certain instances were less humane than that of livestock. In a cage built into the back of a van, with no working lights, no window, no seatbelts. The vans 2 drivers (agents) who were at the time employed by P.T.S. of America at times gave the inmates water bottles to urinate in while driving on the highway at high speeds.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I was originally picked up in Middlesex County N.J. I was to be transported to Franklin Correctional Facility in N.Y. on 3.17.17 I did not arrive at my destination until 6 days later on 3.23.17. During that time I was subject to what amounts to torture or cruel & unusual punishment because of the company (P.T.S.) policies. To say the least it was a frightening experience in the back of the van at all hours of the night while the drivers were clearly falling asleep at the wheel, as the van constantly hit the 'rumble strips' & the driver would violently swerve back onto the highway which would cause myself & other passengers to slide around & tumble on top of one another, banging our heads, knees, elbows into each other & the metal walls & floor.

continued on separate paper.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I sustained injuries to my back, elbows & knees. Upon return to my prison I promptly notified medical personnel I have been taking pain killers, anti-inflammatory medication, as well as antibiotics for swelling in my right elbow caused by fluid build up as a result of my injuries.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

Cont. part D.

From the time I was picked up on 3.17.17 this is the chain of events in chronological order. 9 prisoners including myself.

8 males 1 female

3.17.17 11 p.m. - picked up along with 2 other males from Middlesex County jail N.J. All of us going to various N.Y.S. prisons. (Cayuga, Ogdensburg, Franklin)

3.18.17 2 a.m. - dropped off at the Hudson county jail in N.J. for an overnight stay.

3.19.17 7 a.m. - picked up from Hudson county N.J.
1 p.m. - drop off 2 males in North-East PA. 1 named Pepe
6 p.m. - drop off 1 male in Western PA. named Stone
6 people left in van 5 males 1 female

3.20.17 Time unknown - attempted pick up in PA which was aborted because prisoner was insulin dependant.
3 a.m. - pick up prisoner in Buffalo NY going to GA.
6 a.m. - pick up prisoner in Rochester NY going to AL. - insulin dependant w/ high blood pressure.

Time unknown - drop of female in Syracuse NY.

9 a.m. - pick up male from Onieda county jail NY
8 males in van

10 a.m. - inmate picked up from Rochester NY has to go to the hospital as advised by nurse in Onieda county jail who took his blood pressure & blood sugar because he was feeling ill.

10:15 a.m. - arrive at hospital, & left to wait in back of van with no bathroom or reply from P.T.S. agents until 5 p.m. when inmate was released from hospital.

Cont. part D.

During which time we were left with only water bottle in which to urinate in, while still handcuffed & shackled at the waist & feet.

5:30pm - leave hospital.

3.21.17

2 a.m. - arrive at Wayne county jail PA. for overnight stay & also to house sick prisoner while flight arrangements are made for him to be transported to Alabama.

12 pm - picked up from Wayne county jail minus prisoner going to AL; plus 2 males going to FL.

9 males in van

3 pm - drop off 1 male in N.E. PA

Time unknown - go to Watertown N.Y. mistakenly to drop of N.Y.S. prisoner who was supposed to go to Cayuga state prison. Leave Watertown with inmate & go to Syracuse NY to pick up male prisoner who is insulin dependant.

3.22.17

Drop of 1 male in Binghamton NY.

10 a.m. - Go back to Wayne county jail in PA to drop off NYS inmate who they have to verify what prison to take him to. Also to drop off prisoner picked up in Syracuse who will now be transported by plane to FL.

4 p.m. - leave Wayne county P.A. headed to Poughkeepsie N.Y. to pick up female. Instead of scheduled pick up we leave Poughkeepsie & head to Hudson county N.J.

7 p.m. - pick up 3 males in Hudson county N.J.

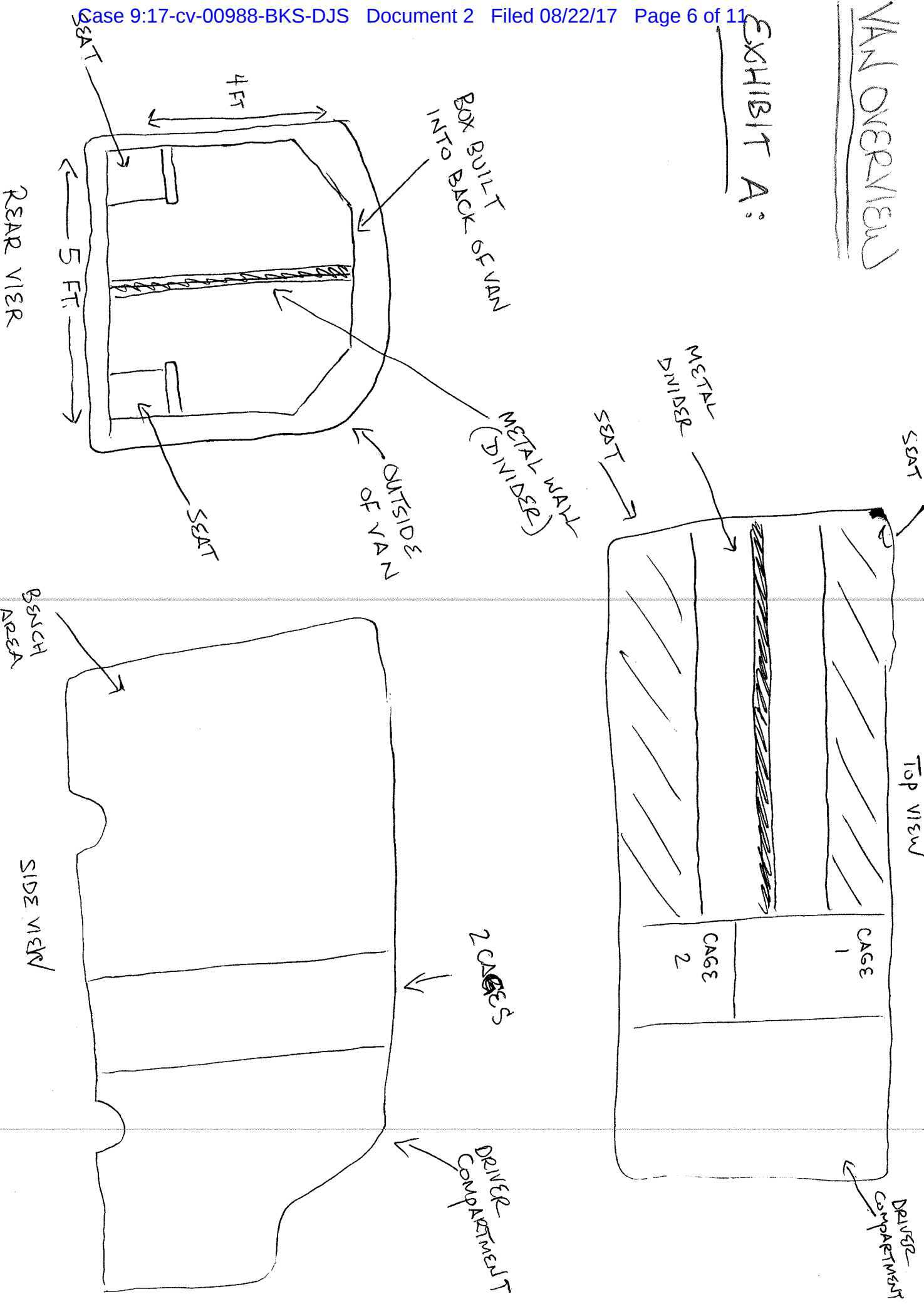
11 p.m. - pick up 1 female in Poughkeepsie N.Y.

3.23.17

4 a.m. - arrive at my destination Franklin Corr. Fac. in Malone NY.

VAN OVERVIEW

EXHIBIT A:



A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ____ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

N/A

~~B.~~ Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

~~C.~~ Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

~~D.~~ Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

~~E.~~ If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like the court to reward me \$250,000 for my pain, suffering & mental anguish. Also for future medical costs I may incur to treat my joints & back. I have been previously diagnosed with degenerative disc disease in my back & the days & nights I spent riding in the back of the van, banging around with no seat belt has not helped my condition. The van was not designed to transport human beings on intra state trips for hours & days at a time. Furthermore having a human being urinate in a water bottle in the dark while handcuffed & shackled in a cramped space in a moving vehicle traveling at highway speeds is not only unsanitary, but also inhumane. All of this is the basis for my seeking \$250,000.

VI. Previous lawsuits:

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ___

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Caisy FrankDefendants Westchester County Police Department

2. Court (if federal court, name the district; if state court, name the county) U.S. Federal Court Southern District

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit About June, 2013

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition May, 2016

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) The case was settled with
no party to blame


I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of August, 2017.

Signature of Plaintiff

Inmate Number

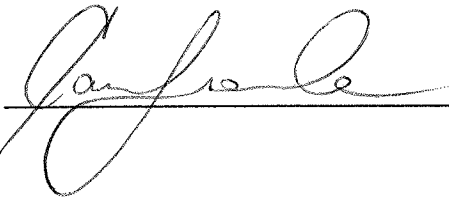
Institution Address


14A4584
FRANKLIN CORRECTIONAL FACILITY
62 BARE HILL ROAD
P.O. BOX 10
MALONE, N.Y. 12953

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

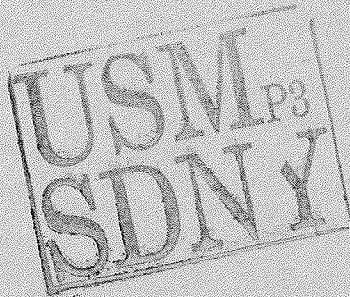
I declare under penalty of perjury that on this 12 day of AUGUST, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:




sy FRANK 14A4584
BARE HILL ROAD
D. BOX 10
LONE, NY 12953

RECEIVED
SDNY DOCKET UNIT
2017 AUG 22 AM 10:22



PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET, Room 230
New York, New York 10007

FRANKLIN

CORRECTIONAL FACILITY

neopost
08/17/2017
\$002
ZIP
0411